Advisory Committee to the Director

Ebola: Then vs. Now

Anthony S. Fauci, M.D.

Director

National Institute of Allergy and
Infectious Diseases

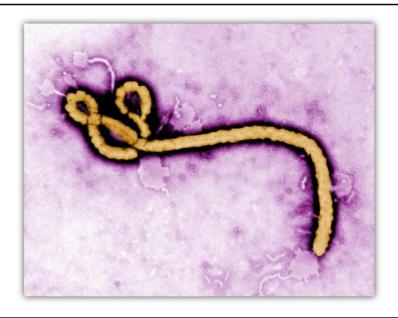
National Institutes of Health

June 14, 2018





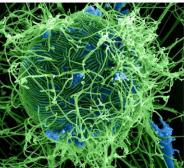
Ebola Virus



Source: CDC

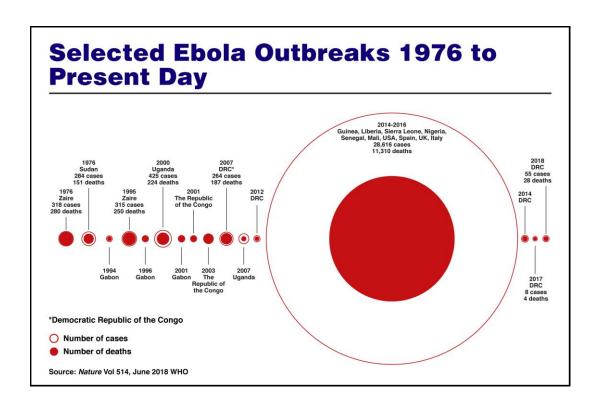
Ebola Virology

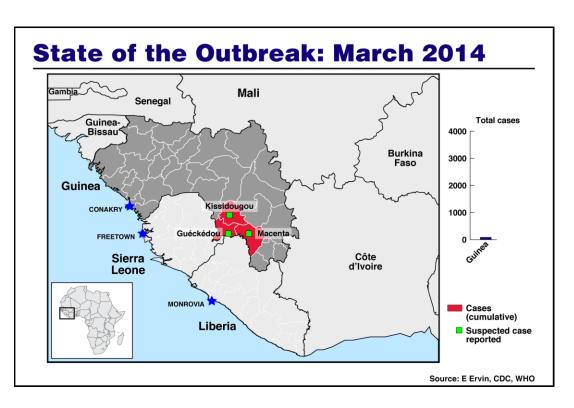
- Family Filoviridae, genus Ebolavirus
- Species and average fatality in the genus Ebolavirus
 - Bundibugyo ebolavirus ~30%
 - Zaire ebolavirus ~40%
 - Reston ebolavirus animal disease
 - Sudan ebolavirus ~50%
 - Taï Forest ebolavirus 1 non-fatal human case

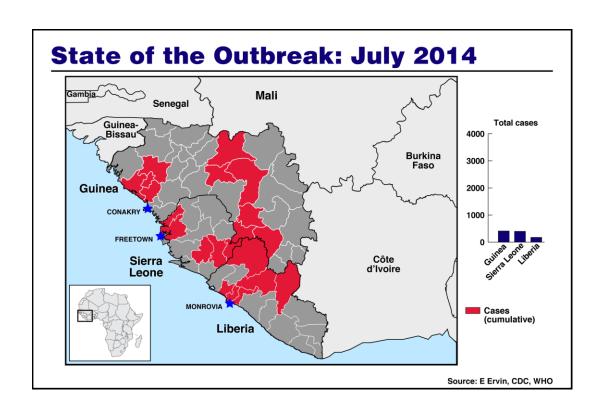


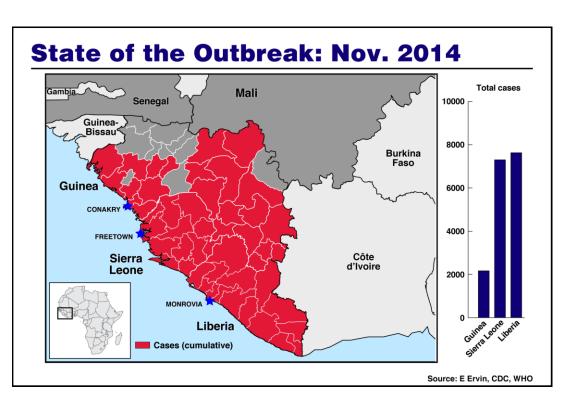
EM of Ebola virus particles (green) attached to Vero cell (blue). NIAID

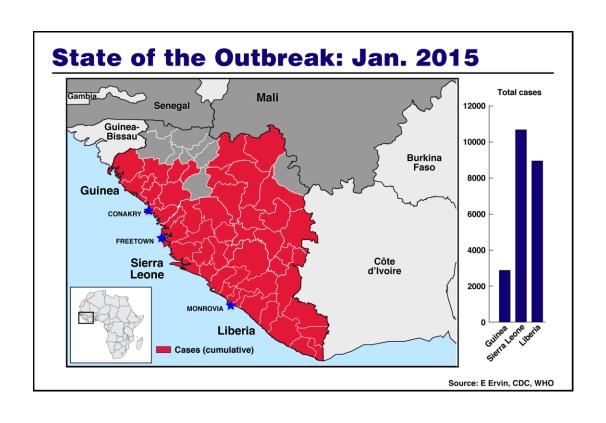
Typical Ebola Virus Disease Clinical Course Virus detectable and transmissible Incubation **Exposure** Symptoms begin Recovery period or death Average Days 1-3 **Days 4-7 Days 7-10** Weakness, Confusion, 8-10 days, Vomiting, range 2-21 fever, diarrhea, possible influenza-like hypotension bleeding (typically illness minor). shock Source: Adapted from N Bhadelia as shown in the Huffington Post 8/7/14.

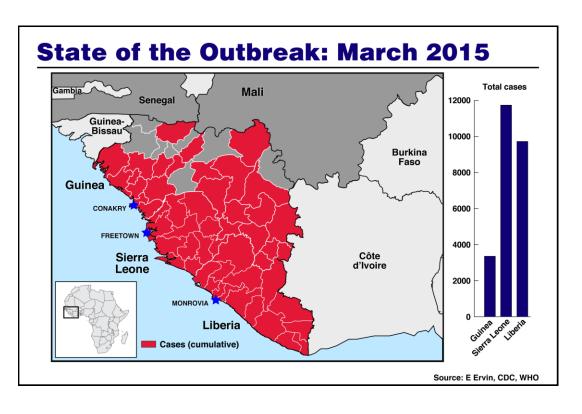












Viral Hemorrhagic Fever Viruses

- High degree of lethality and high infectivity
- Therapy: Mainly supportive
- Vaccine: Not available at present



Ebola — Underscoring the Global Disparities in Health Care Resources

Anthony S. Fauci, M.D.

"It is unlikely that any miracle cure will end the current epidemic. Rather, sound public health practices, engagement with affected communities, and considerable international assistance and global solidarity will be needed to defeat Ebola in West Africa."

Public Health Response to Ebola in Affected Countries

- Education
- Hygiene practices
- Case identification
- Contact tracing
- Personal Protective Equipment for caregivers
- Prompt isolation
- Aggressive supportive care
- Safe burials







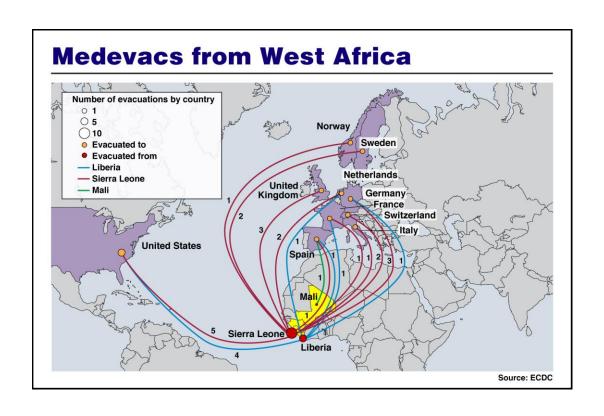
International Response to Ebola Outbreak: U.S. Response



"Faced with this outbreak, the world is looking to us, the United States, and it's a responsibility that we embrace... We are going to keep leading in this effort."

-President Barack Obama, Sept. 16, 2014

- 3,000+ troops
- Construction of Ebola Treatment Units (ETUs)
- 25-bed facility for healthcare workers
- Ongoing CDC and USAID support





The Washington Post

October 25, 2014

Nina Pham, Nurse Who Contracted Ebola, is Now Free of Virus and Leaves NIH







March 12, 2015

U.S. Ebola **Patient Headed** to NIH

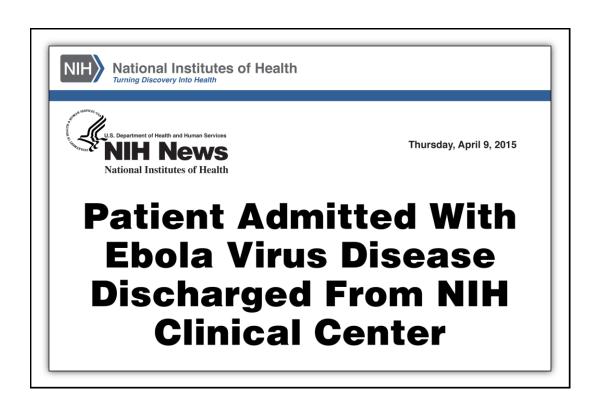


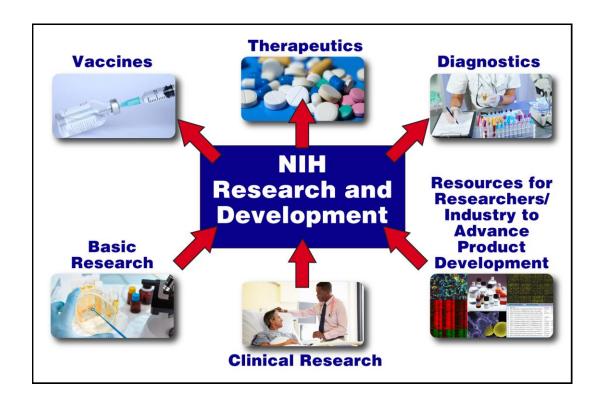














A Recombinant Vesicular Stomatitis Virus Ebola Vaccine — Preliminary Report

JA Regules, JH Beigel, RT Davey Jr, SJ Thomas et al. for the rVSVΔG-ZEBOV-GP Study Group

Feb. 1: Lane Speaks at Opening Ceremony for PREVAIL Ebola Vaccine Study in Monrovia, Liberia



Partnership for Research on Ebola Virus in Liberia (PREVAIL) Prevail

Liberia MOH-NIAID Collaboration

- PREVAIL 1: Phase 2, two candidate vaccines vs placebos
- PREVAIL 2: ZMapp vs standard-of-care treatment
- PREVAIL 3: Study of Ebola survivors
- PREVAIL 4: GS-5734 vs placebo for persistent Ebola RNA in semen
- PREVAIL 5 (PREVAC): Phase 2, three vaccine strategies vs placebos
- PREVAIL 6: Genome-wide association study, genetic factors affecting Ebola
- PREVAIL 7: Cataract surgery in Ebola survivors and close contacts



A Randomized, Controlled Trial of ZMapp for Ebola Virus Infection

The PREVAIL II Writing Group, for the Multi-National PREVAIL II Study Team. RT Davey, Jr., D Malvy et al.

- Multinational RCT of ZMapp + standard of care vs. standard of care alone
- Results showed promise but did not reach statistical significance (in setting of declining in incidence)



Phase 2 Placebo-Controlled Trial of Two Vaccines to Prevent Ebola in Liberia

SB Kennedy, HC Lane et al. for the PREVAIL I Study Group

THE LANCET

Vol. 389, Issue 10068

February 4-10, 2017

Efficacy and Effectiveness of an rVSV-Vectored Vaccine in Preventing Ebola Virus Disease: Final Results from the Guinea Ring Vaccination, Open-Label, Cluster-Randomised Trial (Ebola Ça Suffit!)

AM Henao-Restrepo, M-P Kieny et al.

April 12: NAS Report on the Ebola Clinical Research Experience



- Core principles of science and ethics in conducting clinical research should not change during an epidemic
- RCTs ethical and appropriate: most efficient, reliable way to determine safety and efficacy
- Clinical research studies must have
 - Scientific and social value
 - Respect for/engagement with affected communities
 - Post-trial access to candidate products proved safe/effective



May 8, 2018

New Ebola
Outbreak
Declared in
Democratic
Republic of the
Congo

55 cases (38 confirmed), 28 deaths, 634 contacts being followed (as of June 11, 2018)



Cases reported in three towns in Équateur Province, DR Congo

Ebola Then vs. Now: Key Changes

- Better coordination at the international level
- Significant experience in country
- Strong pre-existing research partnerships
- Countermeasures with evidence from robust clinical trials

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April 20, 2018: Dr. Tedros Visit to NIH and Signing of WHO-NIAID MOU



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Patient with Ebola Hemorrhagic Fever, Bumba Zone, Equateur Province, DR Congo (Zaire), October 1976

Pierre Sureau (France) and patient, 1976

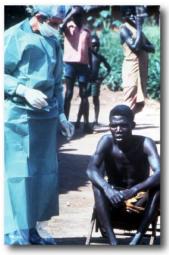
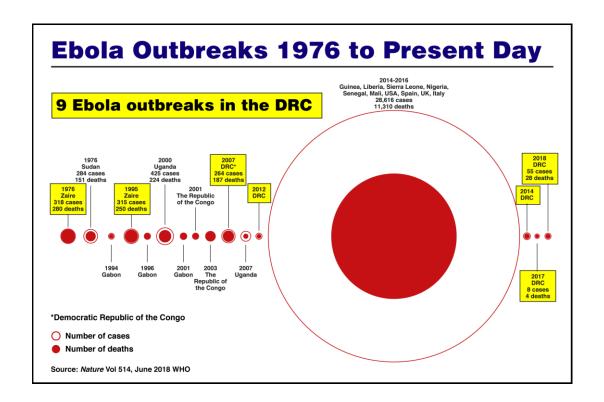


Photo: J. Breman



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THE WALL STREET JOURNAL

May 23, 2018

Experimental Ebola Treatment May Be Deployed to Congo

Distribution of the therapeutic, developed by the National Institute of Allergy and Infectious Diseases, will be coordinated with WHO

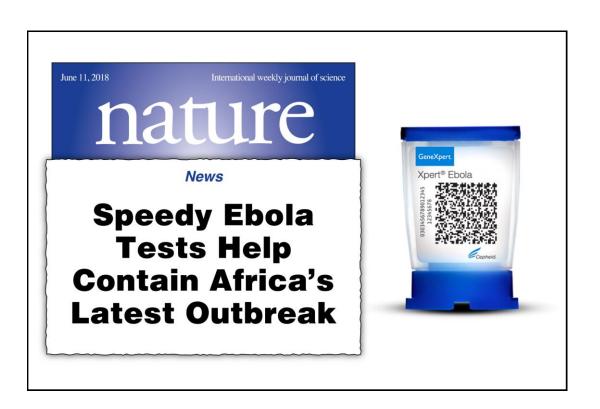
By Betsy McKay

mAb114 isolated from blood of a survivor of 1995 Ebola outbreak in DR Congo.



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STAT

May 3, 2018

Experimental Vaccine to be Used against Ebola Outbreak in the DRC

By Helen Branswell

"The plan is to employ a ring vaccination approach, vaccinating anyone who has been in contact with a case.



